

NONCUSTODIAL PARENT:
CUSTODIAL PARTY:
NEW YORK CASE IDENTIFIER:

DATE:

AFFIDAVIT OF NET WORTH

I, _____, being duly sworn, swear that the following is an accurate statement of my income, deductions, expenses, health insurance information, employer information, and home address information:

1. Did you file a Federal Income Tax Return for tax year **2016**?

☐ YES ☐ NO

If "YES", indicate your total income as reported on your **2016** Federal Income Tax Return:

Copy from: **2016** IRS Form 1040, Line 22; or
2016 IRS Form 1040-A, Line 15; or
2016 IRS Form 1040EZ, Line 4.

1. _____

a. If "NO", calculate your total income for **2016** as it should be reported on your Federal Income Tax Return by completing the following. (If none, write "0"):

- | | |
|--|-------|
| 1. Wages, salaries, tips, etc. | _____ |
| 2. Taxable interest income | _____ |
| 3. Dividend income | _____ |
| 4. Taxable refunds, credits,
or offsets of state and local taxes | _____ |
| 5. Alimony received | _____ |
| 6. Business income or (loss) | _____ |
| 7. Capital gain or (loss) | _____ |
| 8. Other gains or (losses) | _____ |
| 9. Taxable amount IRA distributions | _____ |
| 10. Taxable amount of pensions and annuities | _____ |
| 11. Rental real estate, royalties, partnerships, S corp.,
trust, etc. | _____ |
| 12. Farm income or (loss) | _____ |
| 13. Unemployment compensation | _____ |
| 14. Taxable amount of social security benefits | _____ |
| 15. Other income [identify] _____ | _____ |

Total (add lines 1 - 15) 1a. _____

2. For your **2016** income, provide the dollar amount for each of the following types of income, if any, which are not included in 1 or 1a above. (If all such income was included, or if you had no income of that type, make a checkmark in the box that applies):

<u>Type of Income</u>	<u>Amount Not Included Above</u>	<u>All Included Above</u>	<u>None Received</u>
a. Investment Income (Less amount expended)	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Deferred Income/Compensation	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Worker's Compensation	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Disability Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. Unemployment Insurance Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. Social Security Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. Veteran's Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
h. Pensions and Retirement Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
i. Fellowships and Stipends	_____	<input type="checkbox"/>	<input type="checkbox"/>
j. Annuity Payments	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total (add lines a – j) 2. _____

3. Were you self-employed at any time during **2016**?

☐ YES ☐ NO (skip to question 4)

If "YES", indicate the dollar amount of self-employment deductions you had in **2016** for the following:

a. Depreciation deduction greater than depreciation calculated on a straight-line basis for purposes of determining business income or investment credits (if none, write "0")

3a. _____

b. Entertainment and travel allowances deducted from business income to the extent those allowances reduced personal expenditures (if none, write "0")

3b. _____

4. Were you employed by or did you receive compensation from a corporation, S corporation, limited liability corporation, partnership, limited liability partnership, sole proprietorship other business entity at any time during **2016**?

☐ YES ☐ NO (skip to question 5)

If "YES", indicate the dollar amount of perquisites and fringe benefits received as part of compensation for employment:

a. Meals, lodging, memberships, automobiles or other perquisites to the extent they constitute expenditures for personal use, or which directly or indirectly confer personal economic benefits (if none, write "0")

4a. _____

b. Fringe Benefits (if none, write "0")

4b. _____

5. Indicate the dollar amount of money, goods, or services provided by relatives and friends during **2016** (if none, write "0"):

a. Money _____

b. Goods _____

c. Services _____

Total (add lines a – c) 5. _____

6. Indicate the current dollar value of non-income producing assets (if none, write "0"):

a. Houses/Buildings _____

b. Land _____

c. Automobiles _____

d. Boats _____

e. Motor Homes _____

f. Campers/Trailers _____

g. Motorcycles _____

h. Snowmobiles _____

i. Coin, Stamp, Art collection _____

j. Jewelry _____

k. Other Assets _____

Total (add lines a – k) 6. _____

7. List below the type of, and dollar value of, any assets you transferred within the past three (3) years (PLEASE PRINT - attach additional pages if needed):

8. Indicate the amount, if any, of the following expenses, payments, or income which you have incurred, paid, or received during **2016** (if none, write "0"):

- a. Unreimbursed employee business expenses except to the extent said expenses reduce personal expenditures _____
- b. Alimony or maintenance actually paid to a spouse who is not a party to this action (provide copy of court order or validly executed written agreement) _____
- c. Alimony or maintenance actually paid to a spouse who is a party to this action (provide copy of court order or validly executed written agreement) _____
- d. Child Support actually paid on behalf of any child who is not subject to this action (provide copy of court order or validly executed written agreement, and proof of payment) _____
- e. New York City or Yonkers income taxes or earnings taxes actually paid _____
- f. Federal Insurance Contributions Act (FICA) taxes actually paid _____

Total (add lines a – f) 8. _____

9. List your current sources of income. (PLEASE PRINT - attach additional pages if needed):

a. Employment (name, address, and telephone number of each current employer):

Gross Salary (before deductions) \$ _____ per (☐ hour ☐ day ☐ week
☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ year)

b. Other current sources of income:

Type _____

Amount of Income \$ _____ per (☐ hour ☐ day ☐ week ☐ bi-weekly
☐ semi-monthly ☐ monthly ☐ year)

10. Are your children who are the subject of the court order covered by health insurance provided by your employer or any organization such as a labor union?

☐ **Yes**, my children are currently enrolled in a health insurance plan provided by my employer or organization:

Insurance carrier
(PLEASE PRINT) _____

Address of carrier
(PLEASE PRINT) _____

Plan Number _____ Policy Number _____

Type of coverage _____

☐ **No**. Although health insurance for my children is offered by my employer or organization, they are not currently enrolled.

☐ **No**. Health insurance for my children is not offered by my employer or organization.

☐ **No**. I am not currently employed.

11. If you changed employers or sources of income during the past year, list prior employers and income sources (PLEASE PRINT - attach additional pages if needed):

a. Prior employment (Name, Address and Telephone number of each prior employer):

Gross Salary (before deductions) _____ per (☐ hour ☐ day ☐ week ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ year)

b. Other prior sources of income:

Type _____

Amount of Income \$_____ per (☐ hour ☐ day ☐ week ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ year)

12. Indicate your child care expenses and child educational expenses, if any (PLEASE PRINT) and attach supporting documentation, i.e., copies of bills or a letter from the child care provider:

a. Child care for children while custodial parent is employed or receiving elementary, secondary or higher education or vocational training:

\$_____per (☐ hour ☐ day ☐ week ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ year)

Name of child(ren) in child care:

b. Child care for children while custodial parent is seeking employment:

\$_____per (☐ hour ☐ day ☐ week ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ year)

Name of child(ren) in child care:

c. Education expenses for children:

\$_____per (☐ hour ☐ day ☐ week ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ year)

Name of child(ren) with education expenses:

Please print the following information:

Name

Address

City

State Zip Code

(____)_____
Daytime Phone Number

(____)_____
Evening Phone Number

XXX - XX - _____
Social Security Number

AFFIRMATION:

"All of the information I have provided on this affidavit, and the supporting documentation consisting of ____ pages which I have attached to this affidavit, is true and correct to the best of my knowledge."

Your Signature

Date

Sworn to me this

____ day of _____.

Notary Signature

RETURN THIS COMPLETED AFFIDAVIT TO THE CSEU AT THE FOLLOWING ADDRESS:

IMPORTANT: PLEASE BE SURE TO INCLUDE ALL OF YOUR SUPPORTING DOCUMENTATION FOR THIS AFFIDAVIT AS WELL AS ALL OTHER DOCUMENTS YOU ARE REQUIRED TO SUBMIT.